



REQUEST FOR PUBLIC RECORDS

Signature of Requestor: _____ Date: _____

- ☐ I request to examine the following record(s).
- ☐ I request a copy of the following record(s).

IF REQUESTED TO MAIL COPIES, PLEASE INDICATE:

Name: _____

Address: _____

City, State, Zip: _____

Day time Phone Number: _____

Request Received by: _____ Date _____ Approved by (Supervisor/Director) _____ Date _____

More than three working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of the request.

Initial if Applicable

(Copies are \$.03 per copy after 50-pages, plus 5% State of Idaho Tax)

Number of Copies: _____ \$ _____
Amount Due

Distributed (mailed/pickup/fax): _____ Date Completed: _____

Payment Received for _____ copies. \$ _____
Amount Received

Receipt Number _____

Serving Valley, Elmore, Boise, and Ada Counties

Ada / Boise County Office
707 N. Armstrong Pl.
Boise, ID 83704
Enviro. Health: 327-7499
Family Planning: 327-7400
Immunizations: 327-7450
Senior Nutrition: 327-7460
WIC: 327-7488
FAX: 327-8500

Elmore County Office
520 E. 8th St. North
Mountain Home, ID 83647
Enviro. Health: 587-9225
Family Health: 587-4407
WIC: 587-4409
FAX: 587-3521

Valley County Office
703 N. 1st St.
P.O. Box 1448
McCall, ID 83638
Ph. 634-7194
FAX: 634-2174